

215047846  
70302

State of Nebraska  
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 133	Agency Case No. B5-107527	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1	DATE OF ACCIDENT	11/18/2015		TIME OF ACCIDENT 0830		STATE USE ONLY  11/18/2015
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 0836	PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. Laramie Trl		ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE	
C	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D	IF AT INTERSECTION					
1	NAME OF INTERSECTING ROADWAY NW 1st			IF NOT AT INTERSECTION		
V1/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
02	MILES N S E W AND MILES N S E W OF NEAREST CITY OR TOWN					
V2/M	R. WORK ZONE CODES R1 R2 R3 R4 S. PEDESTRIAN CLASSIFICATION CODES S1 S2 S3 S4 S5-a S5-b S6-a S6-b					
01	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO					
E	VEHICLE NO. 1					
2	DRIVER LICENSE NO.	H13624620		STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V1/N	DRIVER		PHONE	LOCAL NO.		
1	STEPHANEY L DONNELLY		402-580-3031	11/17/1986		
V2/N	DRIVER ADDRESS		CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)		
1	500 MORMON TRL, LINCOLN, NE 68521		68521	11/17/1986		
G	OWNER		PHONE	LOCAL NO.		
2	Stephane L Donnelly		402-580-3031	11/17/1986		
H	OWNER ADDRESS		CITY, STATE, ZIP	CITATION		
5	500 Mormon Trl, Lincoln, NE 68521		68521	CITATION NO. LB494708		
V1/O	LICENSE PLATE NO.	YEAR	MAKE	MODEL	BODY STYLE	COLOR
1	VEHICLE	2001	Volvo		Station wagon	tan
V2/O	VEHICLE ID NO. (VIN)	YV1SZ58D411027503		ESTIMATED DAMAGE		
2	TOWED TO	TOWED BY		INSURANCE COMPANY		
I	VEHICLE NO. 2		None			
1	DRIVER LICENSE NO.	H13066872		STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V1/P	DRIVER		PHONE	LOCAL NO.		
1	CHRISTINA N EVANS		402-560-5198	11/17/1986		
V2/P	DRIVER ADDRESS		CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)		
1	5032 R ST APT 1402, LINCOLN, NE 68504		68504	01/02/1988		
J	OWNER		PHONE	LOCAL NO.		
01	Christina Evans		402-560-5198	11/17/1986		
V1/Q	LICENSE PLATE NO.	YEAR	MAKE	MODEL	BODY STYLE	COLOR
4	VEHICLE	2015	Toyota	C4E	4 door Sedan	gray
V2/Q	VEHICLE ID NO. (VIN)	4T1BF1FK9FU029483		ESTIMATED DAMAGE		
03	TOWED TO	TOWED BY		INSURANCE COMPANY		
K	G00-260 7922012		Bristol West			
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	4 Injury Sev.	5 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	EMS RUN REPORT NO.		
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.		
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	EMS RUN REPORT NO.		
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.		

**THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS**

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.  
**B5-107527**



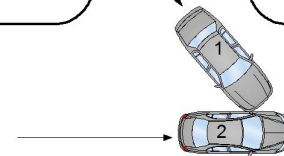
Indicate  
North  
by Arrow



*Not To Scale*

POI= 11' N OF S CL  
Laramie Trl  
3' W of E CL of NW 1st

NW 1st



Laramie Trl

**DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION**

Driver 1 reports that she was SB on NW 1st and going to turn left onto Laramie Trail. She didn't see Veh 2 going EB and struck veh 2 as she turned. Driver 2 states that she was EB on Laramie going straight at approx 25 mph when Veh 1 came from the north and turned left striking her car.

<b>PROPERTY</b>	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
<b>WITNESSES</b>	NAME				PHONE
	NAME				PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA <i>(Enter numbers for each vehicle)</i>				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS						
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME	VEHICLE 1		VEHICLE 2														
1		X			NW 1st	POINT OF IMPACT	02	POINT OF IMPACT	07	<div style="display: flex; justify-content: space-around;"> <span>5</span> <span>4</span> <span>5</span> </div>				<div style="display: flex; justify-content: space-around;"> <span>2</span> <span>2</span> </div>				<div style="display: flex; justify-content: space-around;"> <span>3</span> <span>3</span> </div>				
2			X		Laramie Trl	MOST DAMAGED AREA	02	MOST DAMAGED AREA	07	<div style="display: flex; justify-content: space-around;"> <span>4</span> <span>5</span> </div>				<div style="display: flex; justify-content: space-around;"> <span>2</span> <span>5</span> </div>				<div style="display: flex; justify-content: space-around;"> <span>1</span> <span>1</span> </div>				
1	06				06 Turning left	00 None		02	03	04	<div style="display: flex; justify-content: space-around;"> <span>1</span> <span>2</span> <span>3</span> </div>				<div style="display: flex; justify-content: space-around;"> <span>1</span> <span>2</span> </div>				<div style="display: flex; justify-content: space-around;"> <span>1</span> <span>2</span> </div>			
2	01				08 Entering traffic lane	09 Top & windows		01	05	06	<div style="display: flex; justify-content: space-around;"> <span>4</span> <span>5</span> </div>				<div style="display: flex; justify-content: space-around;"> <span>2</span> <span>5</span> </div>				<div style="display: flex; justify-content: space-around;"> <span>1</span> <span>1</span> </div>			
					01 Essentially straight ahead	09 Leaving traffic lane																
					02 Backing	10 Parked																
					03 Changing lanes	11 Slowing or stopped in traffic																
					04 Overtaking/ Passing	12 Other																
					05 Turning right	13 Unknown																

OFFICER NO. <b>950</b>	TROOP/ TEAM/ BEAT <b>1</b>	DEPARTMENT <b>Lincoln Police Department</b>	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME <i>(Print or Type)</i> <b>Byron Pachunka</b>		INVESTIGATOR SIGNATURE <b>Approved by Officer Byron Pachunka</b>	DATE OF REPORT <b>11/18/2015</b>